COMPREHENSIVE MEDICAL & DENTAL PROGRAM

PROVIDER REVIEW

FALL EDITION 2013
VOLUME 12 ISSUE 3

INSIDE THIS ISSUE:

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

Don't Forget to Address Body Mass Index (BMI)

BMI is a measure used to identify a child who is overweight or obese. For children and adolescents ages two to 19 years:

- **Overweight** is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.
- **Obesity** is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Consequences of childhood obesity

- Childhood obesity can have a harmful effect on the body in a variety of ways. Obese children are more likely to have;
  - High blood pressure and high cholesterol
  - Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
  - Breathing problems, such as sleep apnea, and asthma
  - Joint problems and musculoskeletal discomfort
  - Fatty liver disease, gallstones, and gastro-esophageal reflux
  - Obese children and adolescents have a greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.

Addressing the problem

- It is no longer enough to just plot the height and weight at each EPSDT visit. Recording the BMI will give you a more complete health picture.
- If a child is overweight or obese, consider checking their cholesterol.
- Cover anticipatory guidance in the area of nutrition and exercise
- Refer the child to a dietician if indicated.
- In severe cases consider a referral to The Childhood Obesity, Cardiovascular Disease, and Diabetes Treatment for Arizona Kids – Care Clinic at Phoenix Children's Hospital.

It is going to take hard work on everyone's part to reverse the current child obesity trends.

http://www.cdc.gov/obesity/childhood/basics.html

Pneumonia Vaccine Said to Reduce U.S. Hospitalizations

The seven-strain pneumonia vaccine used in the U.S. beginning in 2000 has prevented 168,000 hospitalizations for the disease each year since, and its effectiveness showed no signs of waning, a new study concludes.

The biggest benefit, by far, was seen among people age 85 and older, for whom the so-called 7-valent pneumococcal conjugate vaccine, marketed as Prevnar, prevented 73,000 hospitalizations annually.

Children under two years old were also major beneficiaries - an estimated 47,000 pneumonia hospitalizations were prevented per year - a reduction of 43 percent compared to before the vaccine was available, according to the findings published in the New England Journal of Medicine.

"This is only the hospitalizations," lead author Dr. Marie Griffin of Vanderbilt University Medical Center in Nashville, Tennessee, told Reuters Health. "This is only one piece of what this vaccine is doing. It's also preventing ear infections and outpatient visits. It's really an amazing vaccine."

She and her colleagues calculated that in all age groups, about 12,000 deaths were also prevented annually over the past 12 years, but most were among people 75 years and older. In that age group, pneumonia is fatal for 7 to 12 percent of those who get it.

A newer vaccine, Prevnar 13, that protects against six additional pneumonia strains has been in use since 2010. As a result, "there's an expectation there will be another big decline," Griffin said in a telephone interview.

The fact that hospitalization rates declined - and remained low - after the seven-strain vaccine was added to U.S. immunization schedules alleviates concerns that other strains not covered by the vaccine would become more common, the researchers said.

"The worry was that the (strains) not included in the vaccine may actually take over and that didn't happen, so this was good news," Dr. Paul Goepfert, director of the Vaccine Research Clinic at the University of Alabama at Birmingham, told Reuters Health by phone. He was not involved in the new study.

Griffin and her colleagues also found that, for all age groups, the time spent in the hospital for pneumonia treatment was a bit shorter after the vaccine was introduced.

The vaccine's effect on hospitalization rates for children ages 5 to 17 years old and adults 18 to 39 was not significant, but those groups had the lowest rates before the vaccine was introduced.

Pneumonia accounted for just over four percent of all U.S. hospitalizations that didn't involve childbirth before the original seven-strain vaccine was introduced.

Griffin pointed out that the reduction in elderly hospitalization rates happened despite the fact that children are the only group who are routinely vaccinated against pneumonia.

"This was a very nice demonstration of herd immunity," Goepfert said. "It's neat that a vaccine in kids can protect adults."

He added that the findings offer more evidence that doctors can use to encourage parents who may be reluctant to get their kids vaccinated.

"The clinician can say, 'This is not only helping your child, it's helping the adults around your child,'" said Goepfert.

By Gene Emery

NEW YORK | Wed Jul 10, 2013 5:08pm EDT
NEW YORK (Reuters Health)
SOURCE: bit.ly/12liYyX New England Journal of Medicine, online July 10, 2013.

Cultural Sensitivity Is Needed in Discussing HPV Vaccines with Parents

Human papillomavirus (HPV) is the most common sexually transmitted disease in the United States. It is associated with cancer of the cervix, vulva, vagina, penis, anus and oropharynx. Therefore, it is wonderful that there are vaccines that can protect against many of these HPV-associated cancers.

However, health care providers find that some parents resist giving HPV vaccines to their children. Sometimes this resistance is because parents have strongly held beliefs that abstinence before marriage is essential. These parents spend many years in teaching these beliefs to their children. The parents will feel that they have failed if the child is sexually active before marriage. They feel that by giving their child the HPV vaccine, they are giving the child permission to do so.

Although parents understand that not all children will respond to their teachings, it is insulting when a health care provider explains the purpose of the HPV vaccine as "Your child is going to be sexually active, so you just need to face up to that fact and make sure they get their HPV vaccines." Such an approach undermines the parents' trust in the health care provider.

Another challenge with HPV-vaccine resistant parents is that giving statistics to them about HPV does not solve the problematic of communication between these parents and their teenager. Parents who teach their children to be sexually abstinent before marriage want their children to trust their teachings, and they also want to be able to trust their children to do the right thing. In these situations, the discussion of why a teenager is getting an HPV vaccine can become a troubling issue. The teenager will read the Vaccine Information Statement and hear the explanation of the reasons for the vaccine.
The teenager may say to the parent, "You've always taught me that premarital sex is wrong, and I believe your teachings and I want to do what is right. Then why are you giving me the HPV vaccine? Don't you trust me?"

Parents need to be treated respectfully if they are hesitant about giving their teenager an HPV vaccine. They do not want to be a bad parent by failing to protect their children, but they do not want to see themselves as a bad person by going against their moral beliefs.

Parents are not unaware of the realities of the high levels of sexual activity among teenagers in our culture. However, parents need to hear a message besides "your child is going to be sexually active so you might as well accept it and give them the HPV vaccine." There are other messages that may be helpful in discussing HPV vaccine with parents who believe in sexual abstinence before marriage.

Parents are aware that not all marriages work out, and that some spouses are unfaithful. They are aware that rape takes place. Health care practitioners may be able to influence some parents by changing the focus from "We need to protect your child from what he or she is going to do (i.e. sex)" to "We need to protect your child from what other people might do to them."

It may be helpful to use some messaging such as, "I know that you have taught your child well. However, there are things in life that are outside of your control. Are you sure that your child's future husband or wife will have never been sexually active before marriage? Are you sure that your child's spouse will stay faithful during marriage? Are you sure that you child will never get raped? HPV is the most common sexually transmitted disease in the US. It is estimated that 80% of sexually active people in the US eventually get infected with HPV, and HPV can lead to cancer. The HPV vaccine only protects against cancer if it is given ahead of time. Giving your child the HPV vaccine series is like getting an insurance policy that you hope you never need to use. You can teach your children to do all the right things, and bad things can still happen to them. HPV vaccines will give your child some extra protection that we hope they will never need to use."

By approaching the HPV vaccine issue in this way, parents may feel that they can still adhere to their belief system while not giving mixed messages to their child. The parent can assure the teenager that they do trust them to do the right thing, but that the HPV vaccines are meant to protect them against other people who may not always turn out to be trustworthy.

Most parents want to protect their children. Parental resistance to HPV vaccine is likely coming from their strong desire to protect their child in the best way that they know. Health care providers should be culturally sensitive to parental beliefs when they discuss giving teenagers the HPV vaccine. Giving parents reasons for HPV vaccination that fit within their belief systems can be a way to gain more parental acceptance of HPV vaccines.

Dr. Karen Lewis
Medical Director - AZ Immunization Program
Arizona Department of Health Services

Preparation for the 2013-2014 Flu Season

As a preventative measure, the Centers for Disease Control and Prevention (CDC) recommend that "everyone 6 months of age and older get a seasonal flu vaccine". CDC conducts an annual survey to see how the rate of flu vaccines given relates to having to go to the doctor due to flu like symptoms. The outcome seen was in favor of both patient and provider. The vaccine effectiveness for the 2012-2013 year showed that more than half (64%) of children (ages 6 months to 17 years of age) of the vaccinated population had a reduced risk of showing flu like symptoms than those not vaccinated. In result, this reduced the risk of flu-associated medical visits. As a provider, supplying patients with information and reminders and urging them to get their flu vaccine can go a long way!

Further information regarding the 2012-2013 study and its findings can be located at the below link http://www.cdc.gov/flu/pastseasons/1213season.htm

Recommendations for Pertussis Vaccine in Pregnant Women

The American College of Obstetricians and Gynecologists (ACOG) has issued a Committee Opinion in support of the recommendations of the Centers for Disease Control and Prevention (CDC) for all pregnant women to receive a pertussis vaccine (Tdap) during pregnancy, regardless of how many previous doses of Tdap she has received.

Although giving Tdap between 27-36 weeks gestation is the optimal timing for transplacental passage of protective antibodies, Tdap can be given any time during pregnancy.

For more details, see Committee Opinion number 566, June 2013.
http://www.acog.org/~/media/Committee%20Opinions/Committee%20on%20Obstetric%20Practice/co566.pdf?dmc=1&ts=20130613T1552117013

Treatment of Asthma in Children and Use of Inhaled Corticosteroids

As we all know, asthma is a chronic inflammatory disease of the airways. It is the most common chronic disorder in children and adolescents and is the leading cause of school absences. Asthma and its complications are responsible for significant morbidity and mortality. Costs attributed to asthma are in the billions of dollars each year.

All levels of persistent asthma require daily anti-inflammatory treatment. The safest and most effective treatment for patients who have persistent asthma is inhaled corticosteroids (ICSs). Even when ICSs are given daily over a long period of time, they have less toxicity than oral or parenteral steroids administered only occasionally.

ICSs are indicated as first-line therapy for chronic treatment of patients who have all severities of persistent asthma. This reduces or eliminates the need for systemic corticosteroids (oral or parenteral) during acute asthmatic attacks, as well as decreasing frequent ED visits and hospitalizations.

Persistent asthma is defined as more than two episodes per week or more than two nights of awakening per month due to respiratory symptoms. Symptoms include cough, exercise intolerance, dyspnea on exercise, or night waking due to cough or dyspnea.

CMDP's preferred ICS medications include: Flovent, Pulmicort, Azmacort, and QVAR. In addition, the **Leukotriene Inhibitor** Singular (generic form) is also available through our preferred drug list. No Prior Authorization is needed for these medications!

Please be sure that all children with persistent asthma are on appropriate anti-inflammatory medications, in addition to their rescue medications.

Disease Detection and Prevention

Oral disease is the most common chronic disease among our nation's children. A survey completed by the Arizona Department Health Services, Office of Oral Health, indicated that one in three Arizona Children (34%) under the age of three has experienced dental decay.

The increasingly prevalent and destructive nature of dental decay makes it essential that medical and dental professionals work together to prevent disease occurrence. Preventive intervention should be started during infancy and continued through childhood.

Medical providers treat infants early on and establish the medical home concept. This early role of the primary care physician provides an opportunity to identify the risk of oral disease. A simple risk assessment tool, like the American Academy of Pediatrics CAT Tool, can be used in the screening process. Children that are determined at high risk should be referred to the dentist.

Dental professionals should promote and encourage early dental visits. All children should have an oral examination by one year of age. This early visit to the dental office establishes the dental home and lowers the risk of developing tooth decay.

AHCCCS covers infant oral examinations and preventive services. Periodic examinations, cleaning and fluoride treatment procedures are allowable every 6 months.

It is essential that early intervention and prevention methods be utilized and maintained in the fight against this destructive and chronic disease in children.

Dr. Jerry Caniglia
CMDP Dental Consultant

Developmental Behavioral Pediatricians

The Developmental Behavioral Pediatrician (or DBP) plays an important role in the care of children with developmental or behavioral issues. DBPs have specific expertise in evaluating and treating a wide range of developmental and behavioral difficulties. Since these difficulties are often discovered while seeking services for other health conditions, assumptions are made that health plans like CMDP are responsible to provide treatment for these services. This is not always true. In fact, treatment may be funded through one of three sources depending on the services needed:

CMDP: funds services that are developmental in nature when these delays have physical health implications, such as: **Developmental Disabilities**—cerebral palsy, spina bifida, mental retardation, and visual and hearing impairments; **Regulatory Disorders**—sleep disorders, feeding problems, complicated toilet training issues, encopresis, enuresis; and **Tics/Tourettes Syndrome.**

RBHAs: funds services that focus on behavioral issues, such as: **Attention and Behavioral Disorders**—attention-deficit/hyperactivity disorder, depression, and anxiety disorders; **Oppositional-Defiant behavior**, conduct problems, and discipline difficulties; **Autism Spectrum Disorders** or other habit disorders.

AZEIP/School Districts: funds services when the concerns affect learning ability and school performance, including testing and development of Individualized Education Plans (IEPs). AZEIP serves children up to three years of age while school districts serve children older than three. Services include addressing: **Delayed development** in speech, language, motor skills and thinking ability; **Learning Disorders**—dyslexia, writing difficulties, math disorders or other learning problems; testing for **Intellectual Disability** (mental retardation).

If you need assistance determining where to submit a prior-authorization request or help making a DBP referral, please contact CMDP's behavioral health unit at CMDPBHC@azdes.gov.

Resource: http://www.azdhs.gov/bhs/children/pdf/DevelopmentalBehavioralFAQs.pdf

Payment Error Rate Measurement (PERM)

Once again, CMDP along with AHCCCS is preparing for the federally mandated Payment Error Rate Measurement (PERM) cycle.

PERM is a federally mandated audit which consists of two programs (Medicaid and Children's Health Insurance Program (CHIP) and three components within each program:

- Fee-for-Service –review of the payment for accuracy in accordance with the State's policy and review of the medical record to support the payment as billed and paid.
- Managed Care – review of the managed care capitation payment for accuracy in accordance with the State's policy.
- Eligibility – review of eligibility for the selected beneficiaries.

In order to better assist Medicaid and CHIP providers, CMS has added a new provider page to their website. The website was developed in an effort to help you better understand the PERM process and learn more about what you, as a provider, may be required to submit during a PERM review,

The CMS provider website can be accessed at: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html

Additional information regarding the PERM 2014 cycle and the PERM process will be available in the CMDP Provider Review.

Submitting Claims with National Drug Codes (NDC)

As a reminder, the National Drug Code (NDC) is the number which identifies a drug, and is found on the drug container, i.e. vial, bottle, or tube. The NDC number consists of 11 digits in a 5-4-2 format. The first 5 digits identify the labeler code representing the manufacturer of the drug and are assigned by the Food and Drug Administration (FDA). The next 4 digits identify the specific drug product and are assigned by the manufacturer. The last 2 digits define the product package size and are also assigned by the manufacturer. Some packages will display less than 11 digits, but leading zeros (0's) can be assumed when any of the 5-4-2 sets are missing a digit in the format set. Please note, these leading zeros (0's) need to be used when billing.

For example:

XXXX XXXX XX = 0XXXX XXXX XX
XXXXX XXX XX = XXXXX 0XXX XX
XXXXX XXXX X = XXXXX XXXX 0X

The NDC submitted CMDP must be the actual NDC number on the package or container from which the medication was administered and must also include the quantity and unit of measure administered.

NDC Quantity Reminder

The actual metric decimal quantity administered and the unit of measurement is required for billing. If reporting a fraction, use a decimal point. The units of measurement codes are as follows:

- NDC Unit of Measure
  - **F2**=International unit
  - **GR**=Gram-usually for products such as ointments, creams, inhalers, or bulk. This unit of measure is typically used in the retail pharmacy setting.
  - **ML**=Milliliter-for drugs that come in vials which are in liquid form
  - **UN**=Unit (each)-for unit of use preparations generally those that must be reconstituted prior to administration.
- Quantity administered equals number of NDC units

Note: Providers must also continue to submit Revenue Codes, HCPCS codes and related service units in addition to the required NDC information.

Electronic Data Interchange (EDI)

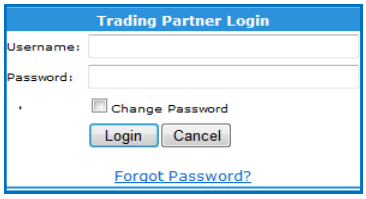
Electronic Data Interchange (EDI) continues to be an emphasis for CMDP. To date, the interest demonstrated by the provider community to submit claims electronically has resulted in more than double of claims received electronically since our last newsletter! In an effort to simplify the process, CMDP has now expanded its focus to include claims clearinghouses. This effort will assist practices that utilize a clearinghouse to submit claims.

If your practice utilizes a clearinghouse for claims submission please provide the contact information for your clearinghouse, including contact name and telephone number to CMDP provider service at rkiesecker@azdes.gov or call 602-771-3660

CMDP looks forward to working with all of our providers to transact electronically on both a claims and reimbursement (EFT) level.

If you are submitting claims directly and are interested in becoming a trading partner, please click on the following link https://egov.azdes.gov/dcyf/cmdpe/DESTradingPartnerWeb/ and register today!

CMDP is ready to assist in any way possible to help expedite the registration process for our provider partners. Please call 602-351-2245 or (800) 201-1795 with any questions.



Language Line

Language Line Services are provided for members and foster caregivers to communicate with CMDP and healthcare providers. The service is for interpretation in over 140 languages either by phone or written translation. **American Sign Language** is also available to help members and foster caregivers communicate with healthcare providers. We ask that you contact us one week in advance to arrange for language interpretation services. To request these services, you must contact CMDP Member Services at 602-351-2245 or 1-800-201-1795.

Billing Members is Prohibited

Under most circumstances, CMDP foster caregivers and CMDP members are not responsible for any medical or dental bills incurred for the provision of medically necessary services. Please note that an AHCCCS registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person in accordance with Arizona administrative Code R9-22-702. Civil penalties may be assessed to any provider who fails to comply with these regulations.

Providers who may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-771-3770 for clarification.

Members who have received a medical or dental bill from a CMDP provider, please contact the CMDP Member Services unit at 602-351-2245 or (800) 201-1795 for further instructions.

Comprehensive Medical and Dental Program

"Serving Arizona's Children in Foster Care"

(602) 351-2245

800 201-1795

www.azdes.gov/cmdp

Department Email

Claims	CMDPClaimsStatus@azdes.gov
Provider Services	CMDPProviderServices@azdes.gov
Behavioral Services	CMDPBHC@azdes.gov
Member Services	CMDPMemberServices@azdes.gov

Department Fax Numbers

Claims	(602) 265-2297
Provider Services	(602) 264-3801
Behavioral Services	(602) 351-8529
Medical Services	(602) 351-8529
Member Services	(602) 264-3801

Helpful Websites

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents.
www.azahcccs.gov

Children's Rehabilitative Services (CRS): This program provides medical care and support services to children and youth who have chronic and disabling conditions.
http://www.uhccommunityplan.com/

Vaccines for Children (VFC): A federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.
http://www.cdc.gov/vaccines/programs/vfc/index.html

Every Child by 2 Immunizations (ECBT): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.
www.ecbt.org

ASIIS and TAPI: The Arizona Partnership for Immunization (TAPI) is a non-profit statewide coalition who's efforts are to partner with both the public and private sectors to immunize Arizona's children.
www.whyimmunize.org

American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.
www.aap.org

Medical Home for Children and Adolescents
Exposed to Violence
http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence/Pages/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona